

# Anticipatory Grief in Patients With Cancer

Dory Hottensen, LCSW

Patients and their loved ones often experience anticipatory grief when learning of a diagnosis of advanced or terminal cancer. Anticipatory grief can be a response to threats of loss of ability to function independently, loss of identity, and changes in role definition, which underlie fear of death. Dealing with multiple losses is a primary task that the dying patient must face. When an oncologist delivers bad news, the patient and family members often hear the same discussion through different filters, which can lead to conflict and dysfunction. By providing a supportive and safe environment, oncology nurses can help patients and their loved ones understand that their feelings are common and are experienced by others in similar situations and assist them with developing coping strategies and in redefining their roles within the family and in the outside world. In addition, an important goal at this time is to help the patients reframe “hope” realistically so they may have the opportunity for personal growth as well as reconciliation of primary relationships toward the end of life.

The terms *grief*, *mourning*, and *bereavement* often are used interchangeably when discussing loss experienced by family and friends when a loved one dies (Rando, 1984). However, grief, mourning, and bereavement also may be experienced when patients with cancer and their loved ones are anticipating functional losses and possible death. Anticipatory grief is described as a “range of intensified emotional responses that may include separation anxiety, existential aloneness, denial, sadness, disappointment, anger, resentment, guilt, exhaustion, and desperation” (Cinco, 2004, p. 325). Dealing with multiple losses is the preeminent coping task faced by a dying patient (Block, 2001). Oncology nurses working with patients who have received a diagnosis of advanced or terminal cancer are in a position to help patients and families cope during this time.

## Case Study

E.H. was a 59-year-old married woman who was diagnosed with locally advanced non-small cell lung cancer. She and her husband had two children, a married daughter who was expecting her first child and a son who was in his junior year in college. After a long career as a reporter, E.H. had landed a dream job at a public radio station, working long hours but loving the challenge and stimulation.

Following an extent of disease work-up, E.H. and her husband met with her medical oncologist to discuss treatment options. When pressed about E.H.’s “chances,” the oncologist was realistic, explaining that the chance of a cure was small, but also held out the hope that, with chemotherapy and radiation, control might be possible. E.H. said that she would be willing to try “chemo,” but that, if it were not working, she would not wish to continue futile treatments. At that point, E.H.’s husband became emotional and insisted that she needed to “beat this disease,” and so E.H. agreed to begin the recommended chemotherapy regimen.

After a few courses of chemotherapy, E.H. arrived at the infusion center in emotional distress and reported having severe anxiety and not being able to sleep for more than a few hours per night. The oncology nurse asked the oncology social worker to come to the unit and together they sat with E.H. and asked her to share her feelings. E.H. related how she finally felt fulfilled and appreciated in her work, but was now unable to meet the demands of the role because of the effects of chemotherapy.

She had little energy available to spend on her husband or on social engagements. She had been anticipating the arrival of her first grandchild and was looking forward to the day when her son would graduate college, but now was consumed with feelings of nausea and exhaustion that limited all but the most basic of activities of daily life.

## Experiencing Grief

What E.H. experienced was grief in response to multiple losses (see Figure 1). Her body had been betraying her and she felt exhausted, depressed, and immobilized. Her identity changed in several meaningful ways: as a professional who felt competent and appreciated at her workplace, as a woman who could share in welcoming a new grandchild, and as a mother who was looking forward to seeing her son graduate from college.

Although her distress was obvious, E.H. had not voiced her concerns to her husband. Her marriage had been a strong one, but, since her diagnosis, she had felt increasingly isolated and alone. She felt that her husband was not realistic about

Dory Hottensen, LCSW, is a senior social worker in Palliative Care Services at New York-Presbyterian Hospital/Weill Cornell Medical Center in New York City.

Digital Object Identifier: 10.1188/10.CJON.106-107